

Antithymocyte Globulin (ATG) for Aplastic Anemia

Contact Physician: _____

Diagnosis: _____

Cycle: _____

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

1. **Hydration:** Start IV hydration 12 hours prior to ATG using D5/.45NS at _____ ml/hour. Continue hydration throughout ATG and for 24 hours after the last dose.
2. **Pre-Medications:** (check the appropriate medications)
 - Dolasetron:
 - Dexamethasone: see below
 - Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
 - See orders below for tylenol and diphenhydramine
3. **Other Medications:** (check the appropriate medications)
 - Allopurinol: 300mg PO QD for _____ days
 - Acyclovir: 400mg PO bid
 - TMP/Sulfa: 80/400mg 2 tablets PO bid every Sat/Sun
 - Antifungal:
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4. **Immunosuppressive Regimen:**

ATG TEST DOSE: Perform skin test prior to first dose of ATG. Interdermal injection of 5 mcg/0.1 dilution of ATG in NS. Attending physician needs to be present. If no reaction after 30 minutes, proceed with ATG. (If reaction, see below).

- **Diphenhydramine:** 50 mg PO 30 minutes before ATG and then 25 mg PO every 6 hours until 12 hours after the last dose of ATG.
- **Acetaminophen:** 650 mg PO 30 minutes before ATG, then 650 mg PO every 6 hours until 12 hours after the last dose of ATG.
- **Dexamethasone** _____ mg IV to be given prior to beginning ATG, THEN **dexamethasone** _____ mg IV every 6 hours until 12 hours after the last dose of ATG.
- **Antithymocyte globulin:** (40 mg/kg/day) _____ mg IV infusion daily over 6 hours, days 1-4.
- **Cyclosporine:** (6 mg/kg) _____ mg PO every 12 hours beginning day 1 of ATG and to continue for 10 days. After 10 days at this dose adjust cyclosporine levels to achieve therapeutic level of 200-400 mg/ml.
- **Prednisone:** (1mg/kg/day) _____ mg PO in 4 divided doses of _____ mg qid beginning at completion of ATG and to continue for 10 days, then taper.
Prednisone taper schedule:

For ATG reaction:

If wheezing or urticaria occurs, give dexamethasone 200 mg IV, diphenhydramine 50 mg IV. **For anaphylaxis, epinephrine** 5 ml IV (0.5 mg, 1:10,000 dilution).

Labs: Cyclosporine trough level on day _____, frequency of further levels to be determined.

Signed: _____ Pager: _____

Reference:

Updated:

Expires: